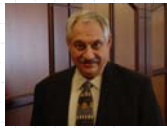


JCAHO Emergency Management/Bioterrorism

2005
State of Wisconsin Public Health



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2

EC.4.10 Emergency Management

21 Elements of Performance:

EP 1: Hospital conducts Hazard Vulnerability Analysis to identify potential emergencies that could affect the need for its services, or its ability to provide those services.

EP 2: Hospital Establishes the following with the Community:

- Priorities among potential emergencies identified in HVA.
- Hospital's role in relation to a communitywide emergency management program.
- An "all hazards" command structure within the hospital that links with the community's command structure.

EP 3: Hospital develops & maintains written Emergency Management Plan covering disaster readiness, emergency management, & implements it when appropriate.



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3

Element of Performance (continued)

EP 4: Plan is developed with involvement of the hospital's leaders including those of the medical staff.

EP 5: The plan identifies specific procedures for mitigation, preparedness, response, & recovery strategies, actions, & responsibilities for each priority emergency.

EP 6: Plan includes processes for initiating the response & recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated.

EP 7: The plan provides processes for notifying staff when emergency response measures are initiated.

EP 8: Plan provides processes for notifying external authorities of emergencies, including possible community emergencies identified by the hospital. (i.e. – evidence of bioterrorism attack).



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Element of Performance (continued)

EP 9: Plan identifies processes for identifying & assigning staff to cover all essential staff functions during emergency conditions.

EP 10: Plan provided processes for managing the following under emergency conditions:

- Activities related to care, treatment, & services, (scheduling, modifying, or discontinuing services, controlling information about patients, referrals, transporting patients)
- Staff support activities (i.e. housing, transportation, incident stress debriefing)
- Staff family support activities.
- Logistics relating to critical supplies (pharmaceuticals, supplies, food, linen, water)
- Security (access, crowd control, traffic control)
- Communications with Media
- Communications with patients



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5

Element of Performance (continued)

EP 12: Plan provides for process for evacuating the entire facility when the environment cannot support adequate care, treatment, & services.

EP 13: Plan provides for establishing an alternate care site(s) that has the capability to meet the needs of patients when the environment cannot support adequate care, treatment, & services, including the following:

- Transporting of patients, staff, & equipment to alternate care site(s)
- Transferring to and from the alternative care site, the necessities of patients (medications, medical records, medical equipment, etc.)
- Tracking of patients
- Interfacility communication between hospital and alternate site(s)

EP 14: Plan provides process for identifying care providers & other personnel during emergencies.



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Element of Performance (continued)

EP 15: Plan provides for processes for cooperative planning with healthcare organizations that together, provide services to a contiguous geographic area (i.e. hospitals which serve a town, borough, or region) to facilitate the timely sharing of information about the following:

- Essential elements of their command structures and control centers for emergency response
- Names and roles of individuals in their command structures & command center telephone numbers.
- Resources & assets that could potentially be shared in an emergency response
- Names of patients & deceased individuals brought to their hospitals to facilitate identifying and locating victims of the emergency

EP 18: Plan identifies backup internal & external communications systems in the event of failure during emergencies.



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7

Element of Performance (continued)

EP 19: Plan identifies alternate roles & responsibilities of staff during emergencies, including to whom they report in the hospital's command structure and, when activated, in the community's command structure.

EP 20: Plan identifies alternative means of meeting essential building utility needs when the hospital is designated by its emergency management plan to provide continuous service during an emergency (i.e. electricity, water, ventilation, fuel sources, medical gas/vacuum, sewer)

EP 21: Plan identifies means for radioactive, biological, and chemical isolation and decontamination.



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8

EC. 4.20 Emergency Drills

EP 1: The hospital tests the response phase of its emergency management plans twice a year, either in response to an actual emergency or in planned drills.

Note 1: Staff in each freestanding building classified as a business occupancy (by the LSC) that does not offer emergency services nor is community- designated as a disaster receiving station need to participate in only one emergency drill annually. Staff in areas of the building the hospital occupies must participate in the drill.

Note 2: Tabletop exercises, though useful in planning or training, are only acceptable substitutes for community wide practice drills.

EP 2: Drills are conducted at least four months apart and no more than eight months apart.



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9

Element of Performance (continued)

EP 3: Hospitals that offer emergency services or are community-designated disaster receiving stations must conduct at least one drill a year that includes an influx of volunteers or simulated patients.

EP 4: The hospital participates in at least one communitywide practice drill a year (where applicable) relevant to the priority emergencies identified in its hazard vulnerability analysis. The drill assesses the coordination, communication, and effectiveness of the hospital's and community's command structures.

Note 1: "Communitywide" may range from a contiguous geographic area served by the same health care providers, to a large borough, town, city, or region.

Note 2: Tests of EPs 3 and 4 may be separate, simultaneous, or combined.

EP 6: All drills are critiqued to identify deficiencies and opportunities for improvement



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10

Drill Clarifications

- Hospitals must have two drills/yr. – (real or actual)
- One drill must have an influx of victims, (real or simulated)
- Second drill may, or may not have patients, but must test some aspect of emergency response of the hospital (i.e. utility outage – phone, water, electric, bomb threat, infant abduction)
- Community involvement must be demonstrated by either:
 - Conducting a table top exercise with the community in addition to the two drills or,
 - Integrating community involvement as an aspect, in at least one of your two drills



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11

Drill Clarifications (continued)

- If, in order to participate in a communitywide drill, scheduled by and coordinated with, other agencies outside the hospital, it becomes necessary to alter drill schedules to less than 4 months, or greater than 8 months to meet the needs and schedules of these outside agencies, the requirement specified in EP 2 can be waived. Notify Standards Interpretation Group by web mail from the JCAHO home page and you will get an e-mail response back authorizing the altered time schedule. Please save this response with your documentation to present at survey time.
- JCAHO's goal is have hospitals participate with the community and will work with the hospitals in order to achieve this goal.



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12

Emergency Management 2006

Emerg. Management Committee Interview:

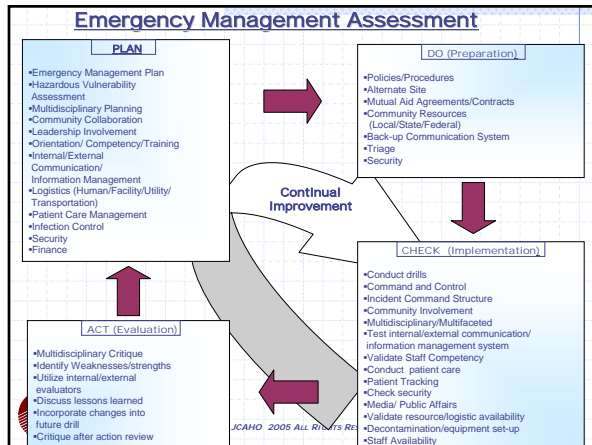
- Hospitals over 200 beds.
- Surveyor will interview & review plans of the Emergency Mgt. Team.- 40%
- Surveyor will pick a scenario to review with the team from their HVA & spend time in the field with staff, validating reviewed plans. 60%



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13

Emergency Management Assessment



Survey Strategies: PDCA (continued)



Hazard Vulnerability Assessment

- Assessment current
- Last reviewed & updated?

Emerg. Mgt. Plan

- Plan current?
- Last review & Update?
- Does plan address natural disasters?
- Has organization had a real disaster that caused activation of the plan?

Involvement/Collaboration

- Assess planning for inclusion of the following-
 - Community Leadership
 - Medical Staff other depts./staff

Orientation/Competency & Training

- Type and method of training
- Timeframe
- Competency validation
- Documentation



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Survey Strategies: PDCA (continued)

PLAN

Internal/External Communication

- Last check?
- Backup systems
- Media Relations

Information Management

- Back up systems
- Equipment

Logistics (Human/Facility/Utility/Transportation)

- Equipment availability
- Staffing
- Infection Control
 - Decontamination/Waste
 - Employee Health
 - Isolation Capability
- Patient Care Management
 - Triage
 - Patient Flow
- Fiscal
- Security

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16

Survey Strategies: PDCA (continued)

DO

(Preparation)

Policies/Procedures

- Establish Alternate Site(s)
- Mutual Aid Agreements/ Contracts
- Identify Community Resources
- Triage
- Security/Perimeter /Access

CHECK

- Review Drill Documentation
- Validate Staff Participation
 - Ask staff about knowledge of EMP
 - Ask staff if they were involved in EMP
 - Ask staff if they know what hazards exists within their organization
 - Ask the staff whether they are aware of their roles during EMP drill
 - Ask staff whether they got feedback regarding after action reviews completed
 - Ask Medical Staff whether they participate in planning of EMP drill

ACTION

- Lessons Learned?
- Improvements?
- Critiques
- Strengths & Weaknesses

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17

Possible Scenarios for Interview

Natural Disasters

- Floods
- Hurricanes
- Tornadoes
- Tsunami
- Volcano
- Snow Storm
- Earthquake


Man Made Occurrences

- Transportation Accident
- Chemical Spill
- Radiation Release
- Construction Accident
- Terrorists Acts
- Bombing Incidents

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18

Incident Command Systems


 National Incident Command system (used by Homeland Security)

- HEICS (Hospital Incident Command System) – in wide use in hospitals across the United States
- NFPA (National Fire Protection Association) Incident Command System


Any of the above systems are considered to be acceptable, or an adaptation of the above systems which incorporate all the elements and achieves the same effect is acceptable

HEICS & NIMS use different color codes to denote certain activities. Currently some of the color codes are in conflict with different meanings for the same color in each system.


HEICS & Homeland Security have convened a caucus to resolve these issues in 2006.

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JCAHO Related standards to Emergency Management


 EC.4.10 The hospital addresses Emergency Management

- EC.4.20 The organization regularly tests their emergency management plan
- HR.2.10 Orientation provides initial job training and information
- HR.2.30 On going education, including in-services, training, and other activities, maintains and improves competence.
- HR.3.10 Competence to perform job responsibilities is assessed, demonstrated, and maintained.
- IC 6.10 The hospital prepares to respond to an influx, or the risk of an influx, of infectious patients
- IM.2.30 The hospital has a process for maintaining continuity of information
- IM.3.10 The hospital has a process to effectively manage information, capturing, reporting, processing, storing, retrieving, disseminating, and displaying clinical/service and non-clinical data and information
- MS.4.110 Disaster privileges may be granted when the emergency management plan has been activated and the hospital is unable to handle the immediate patient needs.

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Questions?

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